

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>						SERIAL NO. <b>101576729</b>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1			1			51						
2		1			1		52						
3	1			1			53						
4	1			1			54						
5		1			1		55						
6		5			1		56						
7		5			1		57						
8	①						58						
9	1			1			59						
10		5			1		60						
11	1			1			61						
12		1			1		62						
13	1			1			63						
14	1			1			64						
15	1			1			65						
16	1			1			66						
17	1			1			67						
18	2				1		68						
19	①				1		69						
20	①				1		70						
21							71						
22							72						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	6	↓	6	↓		↓							
TOTAL DEP.	23	←	14	←		←							
TOTAL CLAIMS	29		20										